

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000148470

**Entity Name:** ATTON HOTELS MIAMI, LLC

**Current Principal Place of Business:**

1500 SW 1ST AVENUE  
MIAMI, FL 33129

**Current Mailing Address:**

1500 SW 1ST AVENUE  
MIAMI, FL 33129 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI  
200 SOUTH BISCAYNE BLVD  
SUITE 4100 (LAD)  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	CEO	Title	CFO
Name	TAMES, MANUEL	Name	VALENZUELA, PABLO
Address	1500 SW 1ST AVENUE	Address	1500 SW 1ST AVENUE
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129
Title	DIRECTOR	Title	DIRECTOR
Name	SOLARI, ANDRES	Name	RIAL, MAURO
Address	1500 SW 1ST AVENUE	Address	1500 SW 1ST AVENUE
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129
Title	DIRECTOR	Title	GENERAL MANAGER
Name	PERO, ALFONSO	Name	DI GINO, CLAUDIA
Address	1500 SW 1ST AVENUE	Address	1500 SW 1ST AVENUE
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DI GINO , CLAUDIA**

**GENERAL MANAGER**

**02/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date